LIFE SAFETY CODE WAIVER REQUEST

State Form 54147 (11-09)
Indiana State Department of Health-Division of Long Term Care

INSTRUCTIONS: *Use this form for Annual or Temporary Waiver Requests of a K-tag cited on the Life Safety Code survey. Submit the completed form, along with all supporting documentation, with the Plan of Correction. Please use one form for each K-tag, or portion of a K-tag, for which a waiver is being requested.*

ANNUAL (CONTINUING) WAIVER: Specific life safety code requirements may be waived if the noncompliance cannot be corrected without an unreasonable financial hardship on the facility and it does not pose a threat to residents' health and safety.

TEMPORARY WAIVER: A Temporary Waiver for a defined time period may be considered for noncompliance with a specific life safety code requirement for which corrective action will take more than ninety (90) days to complete. The documentation submitted by the facility for approval of a temporary waiver must include a timetable to correct the deficiency and steps the facility has taken to increase fire safety awareness while noncompliance is being corrected.

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Facility Name: _____ **Provider Number:** _____

Address *(number and street, city, state, and ZIP code)*: _____

Contact Name: _____ **Title:** _____

Telephone Number: _____ **Email:** _____

LSC Survey Date *(month, day, year)*: _____ **K-tag:** _____

***Check One*:** ☐ **Annual** ☐ **Temporary** **End Date** *(month, day, year)*: _____

ANNUAL (CONTINUING) WAIVER JUSTIFICATION

1. **Evidence the deficiency does not pose a threat to resident health or safety:**
   (Attach additional sheets or documentation as applicable.)

2. **Evidence of how correction poses an unreasonable financial hardship to the facility:**
   (Attach additional sheets, estimates, cost reports, or other documentation as applicable to support claim of hardship.)

TEMPORARY WAIVER JUSTIFICATION

1. **Evidence the deficiency does not pose a threat to resident health or safety:**
   (Attach additional sheets or documentation as applicable.)

2. **Evidence of why correction cannot be completed in ninety (90) days from date of survey:**
   (Attach additional sheets, estimates, contracts, or other documentation.)

3. **Describe timetable for completion of correction. Include milestones and evidence to be provided to the ISDH Life Safety Code Supervisor to show progress toward completion:**
(Attach additional sheets or documentation as applicable.)

4. **Describe evidence of correction/completion that will be submitted to the ISDH Life Safety Code Supervisor within fifteen (15) days of end date:**

ADDITIONAL SAFETY MEASURES TO COMPENSATE FOR DEFICIENCY:

(Check those implemented and attach details.)

☐ 1. Additional Fire Extinguishers	☐ 10. Additional fire drills
☐ 2. Additional Smoke Detection	☐ 11. Fire Watch (rounds every 15 minutes)
☐ 3. Additional sprinklers/water curtain	☐ 12. Safety rounds—specify frequency
☐ 4. Infrared inspection of motors and electrical panels	☐ 13. HVAC shut down tied to fire alarm
☐ 5. Additional inspections	☐ 14. Practical and/or competency skills testing
☐ 6. Local fire department: monthly inspections	☐ 15. Hands-on fire extinguisher training
☐ 7. Local fire department: quarterly inspections	☐ 16. Emergency procedure training
☐ 8. Local fire department: review of emergency plans	☐ 17. Install additional/horizontal exit
☐ 9. Additional maintenance	☐ 18. Hire structural/electrical/fire protection engineering firm to develop plan of action.
☐ Other:	☐ Other:

Administrator (*Signature*)	Title	Date *(month, day, year)*
Corporate Office (*Signature*)	Title	Date *(month, day, year)*

FOR ISDH USE

Date Annual Waiver Sent to CMS *(month, day, year)*: _____ Date Approval from CMS *(month, day, year)*: _____

Date Denial from CMS *(month, day, year)*: _____ Date Facility Contacted *(month, day, year)*: _____

Action Plan: _____

Date Temporary Waiver Approved *(month, day, year)*: _____ By: _____

Contact: Dennis Austill, Life Safety Code Supervisor
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